

**DEBT COLLECTION / FINANCIAL ASSISTANCE REPORT**

Hospital Name: UM BWMC  
 Hospital Number: 210043

Period FY21

	<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>	<u>Column 4</u>	<u>Column 5</u>	<u>Column 6</u>	<u>Column 7</u>	<u>Column 8</u>	<u>Column 9</u>	<u>Column 10</u>	
<b><u>CREDIT &amp; COLLECTION</u></b>											
	Collection Agency Name										
(1)	Bloom & Associates, P.A.										
(2)	MAMI										
(3)	Receivables Outsourcing, Inc.										
(4)	ProCo LLC										
(5)											
(6)	Number of liens										
(7)	Number of Extended Payments Plans 229										
<b><u>FINANCIAL ASSISTANCE</u></b>											
(8)	Total Number of Patients Who Completed a Financial Assistance Application 771										
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application 117										
(10)	Total Number of patients Who Received Free Care 516										
(11)	Total Number of patients Who Received Reduced-Cost Care 58										
		Spanish or Hispanic	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Other	Declined to Answer	Unknown or Cannot be Determined	
(12)	Number of Patients Who Received Financial Assistance by Race or Ethnicity 574 0 238 85 1 26 2 222 0 0 574										
(13)	Number of Male or Male Gender Identity Patients Who Received Financial Assistance 161 0 105 24 0 9 0 23 0 0 161										
(14)	Number of Female or Female Gender Identity Patients Who Received Financial Assistance 413 0 133 61 1 17 2 199 0 0 413										
(15)	Number of Patients Who Do Not Identify by Gender Who Received Financial Assistance 0 0 0 0 0 0 0 0 0 0 0										
(16)	Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity 193 0 91 40 0 16 0 44 1 1 193										
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Financial Assistance 68 0 33 15 0 2 0 18 0 0 68										
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Financial Assistance 125 0 58 25 0 14 0 26 1 1 125										
(19)	Number of Patients Who Do Not Identify by Gender Who Were Denied Financial Assistance 0 0 0 0 0 0 0 0 0 0 0										
(20)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care \$ 7,133,650 0										
(21)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Reduced-Cost Care Whether Covered by Financial Assistance or Billed to the Patient \$ 484,946 0										